

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS - 28 FEBRUARY 2014**

SUBJECT: **FRANCIS REPORT: PROGRESS AGAINST ACTION PLAN**

REPORT FROM: **TRUST SECRETARY**

PURPOSE: **Decision**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

This item is a standing item on the CPMT agenda. Following the Francis Inquiry into Mid Staffs there were around 3000 recommendations which were reviewed and an action plan produced; this is monitored by CPMT on a monthly basis.

SUMMARY:

The Department of Health formally responded to the recommendations on 19 November 2013 in which it accepted (in principle for some; in totality for others) 281 out of 290 recommendations from the report, which exposed failures of care in the Mid Staffordshire NHS Foundation Trust and the wider safety net systems in the NHS.

Following the final response from the DH the action plan was updated to reflect any recommendations that were rejected or partially accepted.

As part of the on-going monitoring by the DH all Trusts were required to submit an update on what actions it has taken to implement the recommendations. Attached as **Appendix 1** is the response provided to the DH.

Further work has taken place since the submission to DH and **Appendix 2** outlines progress against the three actions plans:

Business As Usual

Out of the 48 actions in this plan, 11 remain as outstanding; however, the due by dates for these actions has not yet passed.

Francis Specific

Out of the 70 actions in the plan, 17 are outstanding and of these one has missed its planned deadline, this is relation to the Board of Directors signing up to an ethical code of conduct produced by the Professional Standards Board. This document is attached as **Appendix 3** for approval by the Board of Directors it encompasses the Nolan Principles and widens this to include technical competencies and Business Practices.

We Care and Staff Survey

Unfortunately it was not possible to obtain updates from some areas in relation to this action plan ahead of the meeting and further updates will be made before it goes to the Board at the end of February. Out of 51 actions there are 24 outstanding, 14 of which should have been completed.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

The Francis action plan will underpin the establishment of the required culture to deliver all the FT Strategic Objectives.

FINANCIAL IMPLICATIONS:

Currently, no new financial implications have been identified beyond those already acknowledged, though this may change as the details around the actions are developed.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

Some of the recommendations in the Francis report may become statutory; as this emerges CPMT will be informed.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

None

CPMT ACTION REQUIRED:

(a) to note the report

CONSEQUENCES OF NOT TAKING ACTION:

It is a requirement that the FT has a response to the Francis report in place, but it is also important to recognise that many of the actions are congruent with the direction of the "We Care" project.

APPENDIX 1:**FRANCIS REPORT: UPDATE ON PROGRESS FOR DEPARTMENT OF HEALTH****East Kent Hospitals University NHS Foundation Trust's Journey****First Board of Directors' public discussion:**

The Board of Directors' received the first iteration of the Trust's action plan to address the recommendations on 26 April 2013. All Executive Directors were involved in the development of the plan which was produced by 10 April 2013. The first iteration of the Action Plan is provided as Annex 1.

The Board agreed that progress against the action plan should be monitored through the Corporate Performance Management Team (a monthly meeting of all Executive Directors and Divisional Senior teams) with exception reporting to the Board.

The Trust was keen that specific actions were embedded in other projects (e.g. Quality Strategy, Information Strategy, HR Strategy, "We Care"). As the action plan matured it was agreed that it should be broken down into three plans:

- **Business As Usual** – the elements that the Trust already had in place but that needed improvement – the current version of this part of the Action Plan is shown as Annex 2
- **We Care and Staff Survey** - it was noted that the central element of the Francis report was the need to establish the correct culture in a caring organisation and the Board needed to provide the leadership. The current version of this part of the Action plan is shown as Annex 3. More detail on the We Care programme is provided below.
- **Francis Report actions** – this part of the Action Plan monitored progress against the recommendations that did not fall under the other two categories and progress against this part of the Action Plan is shown as Annex 4.

The Chief Executive and Chief Nurse had already met with staff on all three main sites to discuss with them the implications of the report. This is detailed within the Action Plan.

The Board were also informed that progress against the Action Plan would be reported in all future Annual Reports.

We Care Programme

In Spring 2012 the Trust launched a 12 month programme to inspire, develop and support its staff to consistently deliver a high quality experience. The objective was to keep building a culture in which staff feel responsible for high quality service delivery, feel valued and motivated to do their best, are intolerant of poor performance and care; and work in teams that use patient feedback and best practice to keep improving. A number of the recommendations that came from the Francis Report revolved around culture and the We Care Programme focuses on creating the right culture to enable staff to provide excellent patient care; additional actions were included within the programme to take account of the recommendations.

There is a dedicated webpage on the staff intranet which provides the detail of the programme with the aims clearly outlined.

Themed Reviews

Following the initial Board discussion about the Action Plan in April 2013 it was suggested and agreed at the August 2013 meeting that five themes would be discussed at the Board meetings to understand how Board members could contribute to the delivery of the Action Plan. The following themes were agreed:

- An open culture
- Managing complaints
- Ward to Board
- Organisational values and principles
- Middle Grade Doctors and Matrons as guardians of safety

To enhance the discussion and improve openness, transparency and staff engagement it was agreed that some staff will be invited to contribute their views and ideas. Around 10 staff are invited of which five make up a core group for consistency and will be invited to all discussions, and the others invited from on-site staff. The suggestion for the core five attendees would be:

2 x Staff Governors;
1 x Chair of EKHU NHS FT Staff-side;
1 x Chair of Medical Staff Committee or Local Negotiating Committee of BMA;
1 x Royal College of Nursing representative.

The suggestion for the members dependent on site would be:

1 x Matron;
1 x Therapist;
1 x Pathologist;
1 x Pharmacist; and
1 x Admin & Clerical.

The discussion focuses on what is already being done in relation to the chosen theme within the organisation, and any changes or new initiatives that require implementation. So far the Trust has held two of these discussions; Ward to Board and Managing Complaints. Both were well attended and the engagement and discussion was helpful in understanding the challenges but also in identifying changes to be made.

Following the first discussion it was agreed that the core group would meet in between Board of Directors meetings to aid the implementation of the Action Plan.

Executive Patient Safety Visits

As part of the Patient Safety Programme in 2011 and in order to promote information flow from "Ward to Board", Executive Patient Safety Visits were scheduled across all of the Trust's five sites. The programme has evolved over the last two / three years and the visiting team include an Executive Director, a Non-Executive Director and a Governor as well as other members of the patient safety team. It is a chance for frontline staff to raise patient safety issues with Divisional & Executive Teams and for messaging from Ward to Board.

Appendix 2:
Detailed Action Plans for Francis Report Recommendations

NORMAL BUSINESS

Instructions: Rec No = Recommendation Number. Resp Off = Responsible Officer.

These actions will need to be delivered as part of other projects e.g. Quality Strategy, Communications Strategy, HR Strategy, "We Care". The overall programme of work around Francis will be managed and monitored through the Corporate Performance Management Team with exception reports to the Board of Directors. Recommendation Numbers with an * also have relevance to the Keogh report recommendations and those with a + refer to the Berwick report.

Responsible Executive: Acting Trust Secretary

Rec No	Theme	Actions	Date and RAG as at Apr BoD	Resp Off	Current RAG
13.	The Nature of Standards	Clarify for staff the enhanced quality standards by setting clear annual quality goals for improvement; use the electronic dashboards to ensure the monitoring the results are clearly visible for staff and where appropriate the public. More regular visibility for patients is still required and being worked on by the Information Team, Comms Team and Chief Nurse	Mar 2014	Chief Nurse & Med Dir	Quality Strategy approved at public BoD and progress part of Annual Report. Monthly Balanced Scorecards available to staff and public which monitors results
		Continue to Monitor compliance with fundamental standards and developmental through the standards monitoring group	On-going	Chief Nurse	SMG meet monthly
14. & 15.	The Nature of Standards Regulations should include generic	Continue to strengthen corporate and divisional governance of quality & safety through the Monitor Quality Governance framework	Complete	Chief Nurse & Trust Sec	On-going through annual review

	<p>requirements for a governance system designed to ensure compliance with fundamental standards, and the publication of accurate information about compliance with the fundamental and enhanced standards.</p> <p>All the required elements of governance should be brought together into one comprehensive standard. This should require evidence of a working system and a demonstration that it is being used to good effect.</p>	Review effectiveness of governance processes annually with support from internal and external audit; and agree areas for future improvement through the Annual Quality report	Complete	Chief Nurse & Trust Sec	Included in AGS, IAGC workplan, audit programme and Annual Quality Report
		Ensure that the Board Assurance framework and corporate risk register bring together the priorities for managing risk to achievement of person-centred, safe and effective care	Complete	Chief Nurse & Trust Sec	Former discussed quarterly at BoD, latter discussed at every BoD
29.	Response to non-compliances	Ensure that any non-compliances with standards reported by regulators have timely action plans that are delivered on time	Complete	Chief Nurse	Processes in place and no actions outstanding as at Oct 13
37*.+	Use of information about compliance by regulator from: Quality Accounts	Continue to publish a balanced view of quality and safety through the annual Quality Account/Report which has been subjected to external audit opinion on data quality and fair representation of safety & quality	Complete	Chief Nurse	Published for 2013

39.*+	Complaints	Provide CQC with regular returns on patterns of complaints, investigations and outcomes as requested	On-going	Chief Nurse	All requests responded to
		Strengthen the narrative reported to the Board of Directors and to CQC on the themes contained within complaints, triangulate themes with concerns, serious incidents and compliments. To remain open until all themes have been reviewed at least once; then continual review.	Mar 2014	Chief Nurse	Part of BoD monthly CQ&PS report. Jul 13 specific BoD item on Complaints
44.+	Serious Incidents and Harm	Demonstrate to CQC and CCGs learning from serious incidents through regular reports & trends	Complete	Chief Nurse & Med Dir	Continued CQC compliance and delivery of contract. Change registers being developed
		Demonstrate how audit programmes – clinical, internal and external are linked to evaluating the effectiveness of learning from serious incidents	Mar 2014	Chief Nurse	Divisional change registers being developed and external support secured to develop organisational approach
75.*+	Enhanced Role of Governors The CoG and the BoD should consider how to enhance the ability of the CoG to assist in maintaining compliance with its obligations and to represent the public	Proposal for roles of governors in light of the 2012 Act going to CoG for discussion, amendment and agreement.	Complete	Trust Sec	These new Governor requirements being considered in 06 Sep as part of the Roles and Responsibility Working Group. Final document to Nov CoG for approval

	interest. They should produce an agreed published description of the role of the governors and how it is planned that they perform it.	Agree ways of working for BoD Agendas and Minutes, and Membership and Public Engagement.	Complete	Trust Sec	Membership and PPI Engagement Strategy. Private Minute and Agendas to Governors as agreed in the action above
76., 111. & 112.*+	Arrangements must be made to ensure that governors are accountable not just to the immediate membership but to the public – it is important that regular and constructive contact between governors and the public is maintained.	Regular membership meetings to be arranged which the public are invited to, as articulated in the annual Membership Engagement Strategy. These meetings must encourage feedback and any feedback causing concern should be feedback to the complaints team for investigation.	Complete	Dir Comms/Mem Man	On-going
		Continue to publicise and encourage patients, families and the public to provide feedback to the Trust on the quality of services through a number of methods including 'In Your Shoes' event, patient stories, Friends & Family test, questionnaire & comment cards, hand-held devices Implement emotional touch points as a practice-led initiative to embed review of patient experience and relatives in all clinical areas	On-going	Chief Nurse	On-going for all suggested methodologies. Emotional touch points part of clinical leadership training
80.	Accountability of providers' directors A finding that a person is not a fit and proper person on the grounds of serious misconduct or incompetence should be a circumstance added to the list of disqualifications in the	Amend Trust Constitution to reflect this	Complete	Ass Trust Sec	Approved Jul BoD and subsequent CoG

	standard terms of a FT's constitution.				
88.+	Reporting of injuries, diseases and dangerous occurrences	Monitor compliance with Trust policy on reporting serious incidents via the Datix system onto the national reporting & learning system.	Complete	Chief Nurse	Six-monthly audits in place
89+.	Reporting serious incidents involving death, serious injury to patients and employees	Monitor correct reporting of specific serious incidents to the Health & Safety Executive	Complete	Dir of Strat Dev & Chief Nurse	HSE visits confirm compliance
95*+.	Information sharing	Respond to any national requirements to share information with the CQC about outcomes of NHS-LA assessments and non-compliances	Complete	Chief Nurse	As required
98.	National Patient Safety Agency Functions	Continue to encourage staff to use the datix system for reporting all incidents and near-misses to support investigation, learning from single events and patterns of events	Complete	Chief Nurse	On-going and improved reporting discussed at Oct 13 BoD
112.*+	Managing concerns raised by patients	Ensure that concerns that are raised by patients are listened to and resolved as soon as possible; continue to monitor via the datix system. <i>Investigations should be the same as for a complaint.</i>	Mar 2014	Chief Nurse	On-going
116.*+	Support for complainants	Continue to provide information to complainants about advocacy services and support from the Patient Experience team during meetings with Trust staff	Complete	Chief Nurse	On-going
120.& 121*+.	Learning and information from complaints -CCGs	Discuss and agree with CCGs the level of information they require to be reported by the Trust about complaints resolved at first and second stage	Complete	Chief Nurse	Trust complying with current requirements

		Discuss and agree with CQC the level of information they require to be shared with them about serious complaints	Complete	Chief Nurse	Trust complying with current requirements
143.*+	Clear metrics on quality	Review and publish annually the quality improvement goals for the year as part of the trust's annual objectives	Complete	Chief Nurse & Med Dir	Part of Quality Strategy and Annual Report
		Recruit to dedicated Principal Information Analyst to work with corporate team and with divisional teams on tracking and trending quality and safety around agreed metrics; and to provide early warning on adverse trends	April 2014	Chief Nurse, Med Dir & Dir of Fin	Further work is required to ensure the divisions are supported.
		Ensure visible access for staff, patients, governors and public on how we are doing on quality metrics through quality dashboards & BSC	Complete	Chief Nurse, Dir of Fin & Dir Comms	Quality metrics published in BoD papers and on web-site
155.*+	Release of medical staff	Staff currently supported by study/professional leave for visits/training and time for training built into ward establishments.	Complete	Med Dir	On-going
157.*	Raising concern	Encourage raising concerns via Whistle Blowing Policy	Complete	Med Dir	In-place, reviewed and use reported annually to IAGC
177.+	Openness in public statements	Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission	On-going	Dir Comms	On-going
205.	Commissioning arrangements should require the BoDs of providers to seek and record the advice of its nursing director on the impact on the quality of care and patient safety of any	Director of Nursing and Medical Director to sign off organisational workforce, financial and business plans	Complete	Dir Fin/Dir of HR	Done via BoD sign off

	proposed major change to nurse staffing arrangements or provision facilities, and to record whether they accepted or rejected the advice, in the latter case recording its reasons for doing so.				
236.	Identification of who is responsible - caring for the elderly	Re-enforce the requirement that Consultants remain responsible for the overall care of the patient from admission to discharge and clarify how this relates to non medical consultants	To be determined	Chief Nurse & Med Dir	On-going
		Ensure that clinicians adhere to Trust policy about effective hand-over of patient care between clinical teams; and between shifts & have a clear management plan of care in place	Complete	Med Dir	On-going and strengthened Junior Doctor handover. Use of SBAR. Handovers being observed on each-site in Oct and Nov 13 so improvements can be initiated
		Handover policy includes clarification of consultant responsibilities	Mar 2014	Med Dir	On-going
240.	Hand Hygiene	Continue to monitor hand hygiene compliance and reporting to Board of Directors	Complete	Chief Nurse	Part of PS&Q BoD report
242.	Medicines administration	Continue with monthly spot audits of compliance with Trust policy on the administration of medicines including auditing of missed doses	Complete	Chief Nurse & Dir Pharmacy	
243.*+	Recording of routine observations electronically	Continue to use vitalpac to monitor patient vital signs and other key clinical information	Complete	Dir of Strat Dev & Chief Nurse	Implemented, though use to be extended

		Implement idoc module to ensure that clinicians are able to respond effectively to alerts about patients whose conditions may be deteriorating to ensure early intervention & prevention of further deterioration	Mar 2014	Dir of Strat Dev & Chief Nurse	Stage 1 complete (issue of Ipods). Stage 2 – escalation of care delayed due to technical issues, likely to be resolved by Nov 13. Implemented for AKI in Nov 13. Technical issues are being looked into by the Learning Clinica
245.*+	Board accountability	BoD member responsibility for information, including clinical information	Complete	Dir of Fin	Dir of Fin
246.*	Comparable quality accounts	Continue to develop and publish annual quality account/quality report in accordance with national guidance	Complete	Chief Nurse	On-going
247.to 249*.*+	Accountability for quality accounts	Continue to provide all relevant stakeholders with copies of the annual quality account	Complete	Chief Nurse & Dir Comms	On-going. Hard copies distributed and available at AMM. Electronic version published on web-site
		Continue to adhere to requirement for external audit opinion of quality account as part of the annual report	Complete	Chief Nurse	On-going and opinion is published
		Annual quality account is included within the annual report published by the Trust; explore the feasibility of all Directors including their signature to certify that they believe the contents of the account to be true	May 14 (did not do for FY 12/13)	Chief Nurse & Trust Sec	

		Continue to roll-out electronic feedback mechanisms to ensure realtime reporting of feedback from patients	Mar 14	Chief Nurse	In place and can ask up to 7 questions
256.	Follow up of patients	Explore the feasibility of expanding telephone follow-up of patients soon after discharge; this is currently in place for some elective pathways, and is being piloted as part of the readmissions prevention programme for other groups of patients including those at high risk of re-admission	Complete	Chief Nurse	Being discussed with CCGs
272.*+	Improving and assuring accuracy	When central guidance on the assurance around information is published it will be adopted	To be determined	Dir Info	
273.+	Full Disclosure	Agreed and in current practice	Complete	Med Dir	On-going
274.+	Information to Coroners	Continue to adhere to national and local policy on disclosure of information to coroners, patients, and families	On-going	Chief Nurse & Med Dir	On-going

Detailed Action Plans for Francis Report Recommendations

“WE CARE” AND STAFF SURVEY

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These actions will need to be delivered as part of other projects e.g. Quality Strategy, Communications Strategy, HR Strategy, “We Care”. The overall programme of work around Francis will be managed and monitored through the Corporate Performance Management Team with exception reports to the Board of Directors. Recommendation Numbers with an * also have relevance to the Keogh report recommendations and numbers with a + the Berwick report.

Responsible Executive: Acting Trust Secretary

Rec No	Theme	Actions	Date and RAG as at Apr BoD	Resp Off	Current RAG
2.2 4., 173., 185., 91 207., 211., & 212. & 216+	Organisational culture where patient is priority, honesty, openness, truthfulness and Core Values of NHS Constitution are part of organisational culture. Committed leadership that can ensure all staff adopts this value and standard. In addition all staff, and especially nurses must be selected and developed on their ability to care, display compassion, selflessness, constantly improve, attain the required technical skills and report concerns	BoD discuss Francis, “We Care” and Staff Survey recommendations and their overarching impact on individual and collective behaviours. Determine required behaviours and values how BoD will model them and hold themselves and others to account. Also determine the current and future levers to be pulled to ensure behaviours change. Then communicate this purpose to all staff and patients and continually explain BoD decisions to them.	Mar 14	Chief Nurse & Trust Sec	BoD discuss staff survey results every year and have Francis report on agenda every 6 months. In addition from Oct 13 every BoD has a Francis Report themed discussion with staff. BoD took part in “We Care” discussions around organisational values
		Ensure this requirement (i.e. “Patient is Priority”, the core values of the NHS Constitution and honesty, openness and truthfulness. The ability to care, display compassion, act selflessly, strive for constant improvement, acquire the required technical skills and	Complete	Chief Nurse & Head of BP & L&D (latter for leadership and	Process commenced for induction and HR delivered organisational leadership and

		report concerns and comply with the shared purpose framework) is embedded in all internal, including leadership, training. This training should also provide opportunities to enable staff to rehearse and develop skills in holding others to account. This especially applies to the three annual clinical leadership programme based on the shared purpose framework of person centred care.		management training only and the holding to account element)	development training
		Ensure this is both a leadership and/or behavioural requirement (including the Shared Purpose framework) in all Job Descriptions (including healthcare support workers), Person Specifications and Contracts of Employment. This must include an explicit commitment to abide by the NHS Core Values and the Constitution	Complete	Head of Corp HR	Requirement to meet needs of relevant Codes of Conduct and Professional Body requirements in staff contracts. Following also part of contracts through collective agreements – principle of openness, transparency and candour. Staff required to be open and truthful with colleagues, patients and the public and personal interest must never be allowed to outweigh this duty.
		Ensure the relevant leadership and behavioural requirements are included in all job adverts and tested for in all job selection processes, especially those for	Oct 13	Head of Employ Services	Draft competency based JD and Person Spec

	nurses (whether registered or otherwise). This will require exploration and identification of the most appropriate methods of assessing personal attributes that form the basis of compassion, care, commitment as part of the recruitment and selection of staff			produced. Example competency based interview questions developed to commence use in Sep 13
	Ensure this is a leadership and/or behavioural requirement (including the Shared Purposes framework) for appraisal and PDP of all staff (including support workers), and especially nurses (whether registered or otherwise).	Apr 14 (note date change from Nov 13)	Head of BP & L&D	Included as part of Delivering Performance Policy review though changes to AfC contract have made this more difficult
	Ensure these requirements are embedded in all our internal and external communications which must also recognise difficult as well as favourable situations.	Sep 13	Dir Comms	On-going. Duty of openness and candour also included in the Risk Management Strategy
	Ensure contractors providing outsourced services abide by these Core Values and the NHS Constitution.	Nov 13	Dir of Strat Dev & Cap Plan	Following statement to be included in all future standard specifications "The contractor confirms that it will deliver the service in line with EKHUNHSFT Values and the NHS Constitution"
	Invite five staff to each public BoD	Sep 13	Chair	Commenced at Oct BoD

2.5. & 198.*+	Organisational culture where patient is priority. A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system.	Determine and implement the tool (consider existing processes or systems already in place e.g. patient and staff surveys, and patient safety cultural tool) at relevant intervals. Within this have a specific element measuring the cultural health of nursing and other staff groups.	Complete	Head of HR/DD Nursing	National Staff survey + 6 monthly internal staff survey. MPSF, BCG, F&FT and "We Care"
		All Communications (Trust News, Team Brief, Posters, Hospital Life, Intranet) emphasis how all staff (and especially A&C staff) contribute to patient care. That patient care is our priority and that we listen to staff and facilitate the implementation of their ideas (specific examples). This must be emphasised in all Divisional Correspondence and acted upon.	Complete	Dir Comms/Div Dirs	On-going
		ET programme of promoted individual weekly visits to cover all wards/dept every year in order to listen and explain BoD decisions.	May 13	Trust Sec/Dir Comms	Programme agreed Jul 13 and initiated Sep 13
		ET programme of promoted individual fortnightly attendance at ward/dept/div meetings in order to listen and explain BoD decisions	May 13	Trust Sec/Dir Comms	Programme agreed Jul 13 and initiated Sep 13
		Publicised ET programme of promoted individual "meet the directors" in order to listen and explain BoD decisions	May 13	EDs/Dir Comms	Programme agreed Jul 13 and initiated Sep 13
		Rolling programme of written thank you to all wards/departments when opportunity arises (using feedback from PET, patient opinion and compliments as well as other sources)	May 13	Trust Sec	Programme agreed Jul 13 and initiated Sep 13
		Ensure good attendance at site based promoted CE forums in order to listen and explain BoD decisions	May 13	Div Dirs/Dir Comms	Programme agreed Jul 13 and initiated Sep 13
		Communicate to all managers the promoted expectation that all staff will have a monthly team meeting that commences with a team brief session. This is part of a promoted process to ensure managers and supervisors involve and share information with staff at all levels.	Complete	Dir HR/Dir Comms	Specific re-launch of Team Brief in Sep led by CE

		Reformat CE Forum into "In my Shoes" events in order to listen and explain BoD decisions.	May 13	Dir Comms	New format for CE Forum initiated in May 13. "In my shoe events" to commence by Feb 14.
		Promote Raising Concerns Policy	On-going	Dir Comms	On-going
		Feedback to Divisions their staff survey engagement results, work on specific issues and ensure information shared with all staff.	Apr 13	HR BPs	Feedback complete and work around issues being rolled out
3	Clarity of Values and Principles. The NHS Constitution first reference point for NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.	Communicate regularly the content of the NHS Constitution to all staff.	On-going	Dir Comms	On-going. To be added to Brand work around "We Care" in Nov 13
		Ensure that the organisational values are congruent and linked to the NHS Constitution (links to 2.2 1 st element).	May 13	Trust Sec	Part of "We Care"
		Embed an understanding of how the NHS Constitution should affect staff behaviour in all internal leadership and customer care training (links to 2.2 2 nd element)	Complete	Head of BP & L&D. Chief Nurse for Clinical Leadership Training and Head of PET for PET training	Training amended to relevant newly developed "We Care" values which are congruent with and support those values included in the NHS Constitution
		Communicate to staff and public what we do about equal opportunities in the Trust and say this is in response to staff saying we don't do enough in this area	Complete	Dir Comms	Annual BoD reports, comms with VCOs and staff support groups
		Ensure that all internal leadership training is congruent with any nationally developed courses	As appropriate	Head of BP & L&D	L&D undertook a review and

					internal courses are congruent with those provided by the national leadership academy
		Publicise security action plan and link to Staff Survey Results	Complete	Dir HR	On-going
		Publicise what is being done in terms of "Take 5", H&S audits and assessments, especially around stress and link this to Staff Survey Results	Complete	OH Nurse Con	On-going. Specific conference on the issue delivered at WHH on 31 Oct 13
		Have a comprehensive "Improving Working Lives" month that precedes and coincides with staff survey distribution	Sep/Oct annually	Head HR	Will be re-badged as "We Care" market place in Sep
12.+	Reporting of Incidents & Concerns	Continue to encourage staff to report all incidents and concerns and continue to carry out "In Our Shoes" sessions for staff.	Complete	Chief Nurse & Med Dir	On-going. BoD reports show improved incident reporting
86.+	Requirement of training of directors. A requirement should be imposed on FTs to have an adequate programme for the training and continued development of directors.	Annual appraisal which includes 360 feedback and PDPs developed for all directors	Nov 13	Head HR/Chair/CE	Proposal will go to Rem Comm from Head of HR, CE and Chair
163.*+	Staff numbers	Comply with all regulations	Complete	Med Dir and Dir of HR & CS	Ward Establishment reviews reported to BoD and Business Case presented to

					Sep CPMT
185.	See 2.2	Monthly Staff Trust Awards explicitly given around care, compassion and selflessness criteria	May 13 & on-going	Dir Comms	Award being adapted to meet these needs to commence Feb 14
		All Annual Trust Awards explicitly use care, compassion and selflessness as the criteria	Sep 13 & on-going	Dir Comms	Implemented at Oct 13 Awards
		In all internal communications continually promote staff who make things better for the patient	Complete	Dir Comms	On-going
194.+ (see 2.2 above))	Annual Learning Portfolio	Work with colleagues in nursing to develop a learning portfolios approach to provide evidence of required behaviours and appropriate professional/clinical skills registration requirements (this action has been amended (04 Jul 13) NMC to review / revise its Code of Conduct to ensure they would be compatible with revalidation which is affordable and value for money.	Apr 14	Head of BP & L&D	To be part of revised Delivering Performance Policy
195.+	Nursing Leadership at ward level	Explore the feasibility of ward managers/leaders becoming wholly supervisory within the nursing establishment and ensuring that there is clarity of purpose within the role description	Complete	Chief Nurse	Work on this commenced and business case to deliver been through Sep CPMT
		Ensure that on a rolling programme that all ward-based managers/clinical leaders engage with clinical leadership development programme and are able to demonstrate effective leadership & facilitate effective team development	Complete	Chief Nurse	Clinical leadership programme
196.+ (see 2.2 above)	The KSF should be reviewed to give explicit recognition to nurses' demonstrations of commitment to patient	Ensure the internal use of the existing KSF requires all nurses to explicitly demonstrate their skills and knowledge in commitment to patient care, dignity, respect and leadership. This will be done by mapping the Patient Centred Framework to the KSF (AD Nur	Nov 13	Head of BP & L&D/AD Nur (work)	To be part of revised Delivering Performance Policy to be agreed by Apr 14

	care and, in particular, to the priority to be accorded to dignity and respect, and their acquisition of leadership skills.	[Workforce] and included in the Delivering Performance Review (Head of BP & L&D)			
		Re-emphasise the need for all staff (particularly A&C) to have effective PDPs which are implemented, especially in Strat Dev and Capital Planning, CSS & Surgery.	On-going	EDs/Div Dirs/HR BPs	On-going and raised in EPRs around appraisal rates and delivery of Divisional Training Plans
		Competency model to be developed for appraisal and recruitment (latter including changes to NHS Employment Check requirements) which includes 360 feedback	Apr 14	Head BP & L&D/Head Emp Services	Draft approach determined for JD, Person Spec and competency interviews
		Assess how successful our recruitment decisions are and amend the process as necessary	Sep 13	Head Emp Services	Process using some or all of probationary period, promotion, disciplinary and capability information being developed
197. +	Training and continuing professional development for nurses should include leadership training at every level from student to director	Implement a nurse leadership package from Band 5 to Director (by either adopting a nationally available resource or developing a local programme).	Apr 14	Chief Nurse, Head of BP & L&D/AD (to support) Nur (work)	Currently in place for Ward Managers, clinical leaders, Matrons and senior Matrons.
		Identify those posts which require leadership training and succession planning and mandate job incumbents attendance (requires BoD support that this training takes priority over operational issues).	Apr 14 (date changed from Nov 13)	Head of BP & LD (with ET input)	Succession planning tools being developed and implemented
		Review appraisal process to improve quality of appraisals (Changed from "Initiate workshops with managers and staff to determine why the quality of appraisal are poor"	Jun 13	Head of BP & LD	Review complete and quality of appraisals is a BSC metric

		Mandate appraisal training for all managers/supervisors.	Jun 13	Head of BP & LD	Requirement in place, but more work initiated to get line manager commitment
		All senior managers have an objective to ensure high quality and timely appraisals are undertaken.	Jun 13	Head of BP & LD (on behalf of ET)	Included as part of appraisal for all AfC and ED staff. Though going forward will need more clarity
		Provide coaching (within available resources) to all staff with this need identified in PDPs and ensure it is part of the succession planning process	Apr 14	Head of BP & LD	Coaching strategy being developed by Jan 14 for Band 5 to 8 with roll out by Apr 14
237.*+	Teamwork	Role out Aston Team Working in estates, surgery, rad, path & pharmacy ensuring all staff are included, but especially A&C, HCA and Sc & Tech. staff. Ensure staff know that this is in response to staff survey.	Sep 13	EDs, Div Dirs & HRBPs	Plan in place
		Ensure clear objectives are articulated to all teams and individuals	Sep 13	EDs, Div Dirs & HRBPs	Part of appraisal and Aston process
		Continue to develop frailty model of care for older people with effective MDT working	Complete	Chief Nurse & Med dir	Frailty wars in place
		Ensure adherence to the fundamental standards for care for older people with special attention to those that are frail, vulnerable, & those that have deteriorating mental capacity	Complete	Chief Nurse & Med Dir	Implemented via work around mental capacity act and adult safeguarding (latter reported annually to IAGC)

Detailed Action Plans for Francis Report Recommendations**FRANCIS SPECIFIC**

Instructions: Rec No = Recommendation Number. Resp Off = Responsible Officer.

These actions will need to be delivered as part of other projects e.g. Quality Strategy, Communications Strategy, HR Strategy, "We Care". The overall programme of work around Francis will be managed and monitored through the Corporate Performance Management Team with exception reports to the Board of Directors. Recommendation Numbers with an * also have relevance to the Keogh report recommendations, those with a + refer to the Berwick report.

Responsible Executive: Acting Trust Secretary

Rec No	Theme	Actions	Date and RAG as at Apr BoD	Resp Off	Current RAG
1.1.	Implementing the recommendations. Consider findings and decide how to apply them to own work	Report communicated to staff via Trust News	Complete	Dir Comms	Complete
		Report communicated to staff via Team Brief	Complete	Dir Comms	Complete
		"Staff Listening" briefings arranged on three sites	Complete	Dir Comms	Complete
		"Staff Listening" communicated in Trust News and Team Brief	Complete	Dir Comms	Complete
		Governors invited to "Staff Listening"	Complete	Dir Comms	Complete
		Posters on "Staff Listening" in place	Complete	Dir Comms	Complete
		"Staff Listening" QEPMH	Complete	Dir Comms	19/3/13 and 31/5/13
		"Staff Listening" K&C 25 May 13	Complete	Dir Comms	25/5/13
		"Staff Listening" WHH 02 Apr 13	Complete	Dir Comms	2/4/13 and 13/5/13

1.2	Implementing the recommendations. Announce decision to accept recommendations and at least annually publish information regarding progress with planned actions	Include relevant section in Quality Report of Annual Reports	Complete	Comms Man	Will be included in the Quality Report from 2013 onwards. One off report in Dec 13 will also be delivered
11.+	Clarity of Values and Principles Staff should contribute to the development of, and comply with, SOPs. Their managers need to ensure that employees comply. Staff members affected by professional disagreements about procedures must take the necessary corrective action, working with their	Ensure this requirement is included in all Trust Grievance, Disciplinary, Capability and Dignity at Work procedures and communicate the changes to staff.	Complete	Head of Corp HR	Disciplinary & Capability procedure highlights failure to observe Trust procedures or instructions. Contractual requirement to comply with Professional Codes of Conduct which require staff to raise concerns, including content of SOPs

	medical/nursing director or line manager with external support where necessary. Professional bodies should work on devising evidence-based SOPs for as many interventions and pathways as possible.	Communicate this requirement and those of the CQC, NHSLA and professional bodies to all staff and the implications of not complying. This should include a peer review system across clinical areas run by matrons	Complete	Chief Nurse, Med Dir & Dir Comms	More work to be done on peer-review of SOPs
28.+	Sanctions and interventions for non-compliance	Ensure that the system of learning from service failures is captured effectively, learning disseminated and actions tracked through change registers. Needs to be embedded.	Complete	Chief Nurse and Med Dir	Divisional change registers being initiated and external organisation engaged to help deliver an organisational approach
		Monitor Harm Free care provided by wards and departments and offer open explanations to patients when harm has resulted from poor standards of care	Complete	Chief Nurse	Monitoring through Global Trigger Tool, Balanced Score Card, BoD PS&Q report
		Improve triangulation of balanced scorecard information	Complete	Dir Info	Reviewed annually
		Determine methodology of publishing data	Complete	Dir Info	Reviewed annually
43.	Media. Those charged with oversight and regulatory roles in healthcare should monitor media reports about the	Chief Executive and Chairman to receive a weekly summary of all media reports (including social media) relevant to the Trust	Complete	Dir Comms	In-place and on-going

	organisations for which they have responsibility.				
45.	Inquests	Develop reporting arrangements to ensure that the CQC is aware of Inquests	Complete	Chief Nurse & Med Dir	On-going
	Coroner	Liaise with Coroner if Francis Report accepted in full. DoH accepted in principle but will work with CQC to look at what is currently available. No further action required.	NLR	Med Dir	Waiting DoH confirmation on recommendations
70.+	Duty of utmost good faith This duty should be imposed on applicants for FT status to disclose to the regulator any significant information material to the application and to ensure that any information is complete and accurate. This duty should continue throughout the application process, and thereafter in relation to the monitoring of compliance.	Relevant statement placed in all compliance monitoring documents provided to regulators and commissioners	Complete	Trust Sec	Statement around accurate and complete information will be included in all Monitor & CQC compliance returns and on information provided to Commissioners for performance management
		Provide full and truthful answers in both oral and written responses to questions about serious incidents raised by patients or relatives on behalf of a patient who has died.	Complete	Chief Nurse & Med Dir	No breaches highlighted by internal or external processes
79.& 215.	Accountability of providers' directors Develop a requirement to comply with a prescribed code of conduct for directors.	Develop and Implement a Code of Ethics, Standards and Conduct for Directors BoD to sign up to the Professional Standards Association – Standards for NHS Boards	Jan 2014	Trust Sec	Currently all Directors are contractually required to abide by the NHS Code of Conduct and the Standards of Business

					Conduct. NEDs are also required to comply with the Code of Conduct for Directors and their JD requires them to understand how the Nolan Principles apply to the NHS.
		Include the “fit and proper person” test and Code of Ethics, Standards and Conduct requirements in all relevant Job Descriptions, Person Specifications and Contracts	Complete	Head of Corp HR	All contracts and offer letters (including directors) include requirement to abide by professional codes of conduct
		Include the “fit and proper person” and Code of Ethics, Standards and Conduct requirements in all director appraisals	Complete	Both Rem Comms	Appraisals reviewed at RemCo 11/2013
		BoD annually self-evaluate effectiveness	Complete	Ass Trust Sec	On-going
81.+	Accountability of providers’ directors Consideration should be given to including in the criteria for fitness a minimum level of experience and/or training, while giving appropriate latitude for recognition of equivalence	Include the required level of training/experience (or equivalent) in all director Job Descriptions and Person Specifications.	Complete	Both Rem Comms	In place
		Undertake a regular skills audit of current board members. To be reviewed at both RemCo’s	Mar 2014	Chairman / Trust Sec	

84. & 218.	Accountability of providers' directors. Where the contract of employment or appointment of an executive or non-executive director is terminated in circumstances in which there are reasonable grounds for believing that he or she is not a fit and proper person to hold such a post, licensed bodies should be obliged by the terms of their licence to report the matter to Monitor, the Care Quality Commission and the NHS Trust Development Authority.	Requirement to be included in Trust Disciplinary and Capability Procedures for executive directors and Roles and Duties of Governors	Complete	Head Corp HR & Trust Sec	Included in Disciplinary Policy
105.*+	Transparency, use and sharing of information	Consider how data on serious incidents resulting in death can be used to enhance our understanding of HSMR	Complete	Chief Nurse & Med Dir	
	Incident reports/HSMR	Fully reported within CQ&PS report to BoD monthly	Complete	Med Dir	On-going
109*.+	Effective complaints handling	Review ease of access for patients & public to make a complaint both during treatment or stay in hospital & following discharge. Best practice would be to have a sign on every ward.	On-going	Chief Nurse	Jul 13 BoD paper and to be part of future BoD discussions with public and staff

110.*+	Compliants and claims handling	Re-review the processes for the handling of complaints and litigation claims to ensure that they are fit for purpose and are concluded in timely manner	Mar 2014	Chief Nurse	Jul 13 BoD paper and to be part of future BoD discussions with public and staff
		Proactively engage with patients, FT members & public and seek feedback on services	Complete	Chief Nurse & Dir Comms	BoD approved PPI and Membership Engagement Strategies
113.*+	Complaints handling	Review Patient Association's peer-review report at Mid-Staffordshire and ensure that any recommendations are incorporated into Trust policy on the handling of complaints and concerns	Complete	Chief Nurse	Policy has been updated
114.*+	Complaints handling - serious incidents	Ensure that complaints that raise issues of serious incidents are logged on datix and investigated as a serious incident	Complete	Chief Nurse	All complaints are logged on datix. If any complaint raises issues of a serious incident then the Division report it on datix and investigate it as a serious incident. PET team work closely with the Risk & Safety team to ensure this has happened. This process will be included within the Complaints Policy which is currently being updated and will go to RMGG in Sept 2013.
115.+	Investigations -	Review policy on complaints handling to strengthen	Complete	Chief Nurse	Included in review of policy

	independent investigation	the section on when it is appropriate to trigger an external investigation of a complaint or serious incident taking into account the recommendations identified in the Francis report		& Med Dir	
118.*+	Learning and information from complaints	Review the best way of presenting and publishing the outcomes of second stage reviews by PHSO	Mar 2014	Chief Nurse & Dir Comms	Already included in Quality Report of Annual Report. Future iterations will have more qualitative information as part of the content
		DoH to work with partners to identify how the following can be implemented: Quarterly publishing of complaints to include: <ul style="list-style-type: none"> The number received as a % of patient interventions in the period; Number referred to the Ombudsman; and Lessons learned and improvements made as a result. 	Mar 2014	Chief Nurse	Deputy Chief Nurse and Deputy Director of Quality to review with Head of Patient Experience
119.*+	Learning and information from complaints - Healthwatch	Discuss and agree with Healthwatch the level of information provided by the Trust about complaints resolved at first and second stages and how a strong relationship will be developed between the two organisations.	To be determined	Chief Nurse	
133.*+	Role of commissioners in complaints - GP involvement	Agree with CCGs the principle of when and how GPs should be involved in the management of a complaint on behalf of the patients: <p>Not accepted but may make changes to the standard contract to broaden the requirement on lessons learned reporting with CCGs at Review meetings to include: incidents and feedback from service users and staff. Also see new requirement under 118.</p>	To be determined	Chief Nurse & Med Dir	

160.*+	Training openness	Consider regular meetings of Med Dir & CE with SpRs in medical/surgical /specialties	Complete	Med Dir	Concept agreed. And meetings commenced in Oct 13
172.	Introduce a requirement of proficiency in communication in the English language with patients to the standard required for a registered medical practitioner to assume professional responsibility for medical treatment of an English-speaking patient.	<p>Ensure this is tested for as part of the recruitment and selection process for all staff.</p> <p>Consultation paper "Language controls for Doctors: Proposed changes to the Medical Act 1983" launched 7 September 2013 which will seek to amend the Medical Act 1983 to give the GMC power to require evidence of English language capability as part of the licensing process.</p>	tbc	Head of Employ Services	<p>Elements largely in place, more refinements may be necessary. Tested at interview (amended guidance being distributed). Work on-going with Lifelong Learning Advisor on use of test for candidates who have caused concern. For none EU doctors a PLAB test is a requirement of registration. For EU doctors it will be tested at interview. All doctors will have to satisfy the language requirement as part of their re-validation</p>
174. & 175.+	Candour about harm	Continue to inform patients or their relatives where serious harm or death may have been caused by an act or omission; document the discussion on datix as outlined in Trust policy	Complete	Chief Nurse & Med Dir	On-going

		Continue to implement the Clinical Incident reporting policy	Complete	Med Dir	On-going with Clinical Incidents reported at all levels including BoD
		Provide full and truthful answers in both oral and written responses to questions about serious incidents raised by patients or relatives on behalf of a patient who has died.	Complete	Chief Nurse & Med Dir	On-going
178., 179. & 180.+	Ensuring consistency of obligations under the duty of openness, transparency and candour. All organisations should review their contracts of employment, policies and guidance to ensure that, where relevant, they expressly include and are consistent with above principles and recommendations	Review policy on reporting serious incidents, all contracts, compromise agreements and HR Policies to ensure they support a duty of openness, transparency and candour, as well as "Being Open" (published by NPSA).	Complete	Chief Nurse & Head of Corp HR	HR policies, contracts and compromise agreements reviewed and Special Severance Policy amended to re-enforce openness and specific clause included to say that compromise agreements cannot be used to "gag" staff
181.+	Statutory duties of candour in relation to harm to patients	Continue to ensure that staff are aware of the need to disclose to patients or their relatives on the patients death when harm has occurred as a result of the care & treatment provided	Complete	Chief Nurse, Med Dir & Dir of HR & CS	On-going
		Remind all professionally qualified staff of their duty to report to their line managers and via datix where they believe that care & treatment has contributed to harm or death of an individual patient	Complete	Chief Nurse & Med Dir	On-going and reporting increasing
		All Annual Trust Awards explicitly use care, compassion and selflessness as the criteria	Complete	Dir Comms	Documentation amended and in

					place from 2013
		In all internal communications continually promote staff who make things better for the patient	Complete	Dir Comms	Monthly and annual awards publicised as are regional and national winners
186. & 187.	Practical hands on training and experience	Review the balance of theoretical and practical training within the pre-registration curriculum for student nurses with Canterbury Christchurch University to ensure it meets national standards and that the person-centred care, patients experience and safety are central tenets to the curriculum	Complete	Chief Nurse	Balance of theoretical and practical training determined by NMC. Practice development team participate in validation of training and curriculum development and are generally happy that curriculum meets the needs of patient centred care, experience and safety
		Explore the feasibility of including a requirement for candidates to undertake at least 3 months experience as a healthcare assistant prior to entering pre-registration training. HEE pilots being run and if successful the NMC will consider how this can be incorporated in an affordable cost neutral way.	tbc	Chief Nurse	Not something Trust can ensure happens, though Trust participates in interviewing for pre-registration students to test for values
188.+	Aptitude test for compassion and caring	Explore and identify the most appropriate methods of assessing personal attributes that form the basis of compassion and an ability to care in student nurses & midwives during their training	Complete	Chief Nurse & Univ Faculty Heads	Attitudes and behaviours are the main element of assessment in practice for student nurses and midwives. Post Francis we have worked collaboratively

					with CCCU to ensure this recommendation is implemented. From December 2013 the interview is a day-long event and includes the critique of a clinical scenario through group discussion to enable judgement of values and behaviours.
199.	Key nurses	Explore the practical implications of implementing a key worker or primary nurse for every patient; informed by published evidence	Mar 2014	Chief Nurse	In place via named nurse concept, however require more work to embed and optimise
202.*	Strengthening the nursing professional voice Importance of nursing representation at provider level through adequate time allowed for staff to undertake this role, and employers	Annually review the Recognition Agreement and specifically the element of time off for TU duties so that the voice of health professionals are heard.	Apr annually (for 13)	Head of Corp HR	Recognition Agreement reviewed. TU safety reps in place and the attend H&S Strategic Committee. Will work with TUs to introduce Learning Reps

	and unions must regularly review the adequacy of the arrangements	Consider implementing TU learning and safety reps	To be determined	Chief Nurse and Head of HR	Safety reps in place, discussing learning reps
204.	Have an ED who is a nurse and encourage nurses to apply for NED posts	Have a nurse ED	Complete	CE	In-post
		Encourage nurses to apply for NED posts	Complete	Chair	To be considered as part of future NED recruitment
208.	Strengthening identification of healthcare support workers and nurses - uniforms	Review the uniform policy & ensure that there is a clear distinction between registered nurses, midwives and healthcare support workers;	Mar 2014	Chief Nurse	Distinction in place
		Improve the visibility of name & role titles on uniforms	Mar 2014	Chief Nurse & Dir Strat Dev	
231.+	Coordination with internal Procedures It is essential that, so far as practicable, NMC procedures do not obstruct the progress of internal disciplinary action in providers. This may require a review of employment disciplinary procedures, to make it clear that the employer is entitled to proceed even if there are pending NMC	Review Disciplinary and Capability procedures to ensure this requirement is explicit in regards to all professional registration bodies	Complete	Head Corp HR	Disciplinary procedure amended to specifically highlight that internal actions can be undertaken before NMC and all other professional bodies) have completed their procedures. Same clause will be included in next review of Capability policy, though HR practice has

	proceedings				always being to procedure with internal actions irrespective of professional body timelines
239.	Continuing responsibility for care - discharge arrangements	Continue to monitor the effectiveness of discharge arrangements & transfers of care - achieving annual goals of reducing re-admissions	Complete	Chief Nurse & Med Dir	Reducing re-admissions is a Trust AO
		Continue to monitor the time of discharge and adherence to Trust policy on evening discharges	Complete	Chief Nurse	Information recorded and monitored for use in specific projects
241.	Provision of food and drink	Re-review the provision of food & drink to older people & adherence to Trust policy on protected mealtimes	Complete	Dir of Strat Dev & Chief Nurse	Done as part of new contract and on-going
		Continue to develop the role of the ward house keeper as part of the ward team in ensuring that patients have regular access to food and drink	Complete	Dir of Strat Dev & Chief Nurse	Use extended as part of the letting of the Soft FM contract
		Continue to develop the role of mealtime companions to encourage patients and specifically older people to eat & drink	On-going	Chief Nurse	Volunteers recruited but additional resource required
252. 262. 264. & 267*+	Access to data	Develop a publishing policy for clinical data	Feb 2014	Dir Info	Draft developed by Dir Info and with Med Dir for comment
255.*+	Make available patient feedback results and analysis of patient feedback to all stakeholders in as near	All public and membership feedback to be made available to relevant elements of the organisation as soon as possible	Complete	Dir Comm	Complaints and compliments to Divisions. Membership and PPI feedback to and within Divisions

	"real time" as possible, even if later adjustments have to be made.	Continue to roll-out electronic feedback mechanisms to ensure realtime reporting of feedback from patients	Mar 14	Chief Nurse	In place and can report on 7 questions which are reported to every BoD meeting
263.*+	Enhancing the use, analysis and dissemination of healthcare information	Ensure that all clinicians and MDTs are aware of their performance for all published quality and safety metrics; and support the development of benchmarking performance for improvement	Mar 14	Chief Nurse & Med Dir	
269.*+	Improving and assuring accuracy	When clinical data publishing policy is implemented ensure that this is recorded in the Annual Governance Statement	Mar 14	Dir of Fin	
279.	Death Certification	Policy to be reviewed	Feb 2014	Med Dir	

Detailed Action Plans for Francis Report Recommendations

“WE CARE” AND STAFF SURVEY

Instructions: Rec No = Recommendation Number. Resp Off = Responsible Officer.

These actions will need to be delivered as part of other projects e.g. Quality Strategy, Communications Strategy, HR Strategy, “We Care”. The overall programme of work around Francis will be managed and monitored through the Corporate Performance Management Team with exception reports to the Board of Directors. Recommendation Numbers with an * also have relevance to the Keogh report recommendations and numbers with a + the Berwick report.

Responsible Executive: Acting Trust Secretary

Rec No	Theme	Actions	Date and RAG as at Apr BoD	Resp Off	Current RAG
2.2 4., 173., 185., 91 207., 211., & 212. & 216+	Organisational culture where patient is priority, honesty, openness, truthfulness and Core Values of NHS Constitution are part of organisational culture. Committed leadership that can ensure all staff adopts this value and standard. In addition all staff, and especially nurses must be selected and developed on their ability to care, display compassion, selflessness, constantly improve, attain the required technical skills and report concerns	BoD discuss Francis, “We Care” and Staff Survey recommendations and their overarching impact on individual and collective behaviours. Determine required behaviours and values how BoD will model them and hold themselves and others to account. Also determine the current and future levers to be pulled to ensure behaviours change. Then communicate this purpose to all staff and patients and continually explain BoD decisions to them.	Mar 14	Chief Nurse & Trust Sec	BoD discuss staff survey results every year and have Francis report on agenda every 6 months. In addition from Oct 13 every BoD has a Francis Report themed discussion with staff. BoD took part in “We Care” discussions around organisational values
		Ensure this requirement (i.e. “Patient is Priority”, the core values of the NHS Constitution and honesty, openness and truthfulness. The ability to care, display compassion, act selflessly, strive for constant improvement, acquire the required technical skills and report concerns and comply with the shared purpose	Complete	Chief Nurse & Head of BP & L&D (latter for leadership and management	Process commenced for induction and HR delivered organisational leadership and development training

		framework) is embedded in all internal, including leadership, training. This training should also provide opportunities to enable staff to rehearse and develop skills in holding others to account. This especially applies to the three annual clinical leadership programme based on the shared purpose framework of person centred care.		training only and the holding to account element)	
		Ensure this is both a leadership and/or behavioural requirement (including the Shared Purpose framework) in all Job Descriptions (including healthcare support workers), Person Specifications and Contracts of Employment. This must include an explicit commitment to abide by the NHS Core Values and the Constitution	Complete	Head of Corp HR	Requirement to meet needs of relevant Codes of Conduct and Professional Body requirements in staff contracts. Following also part of contracts through collective agreements – principle of openness, transparency and candour. Staff required to be open and truthful with colleagues, patients and the public and personal interest must never be allowed to outweigh this duty.
		Ensure the relevant leadership and behavioural requirements are included in all job adverts and tested for in all job selection processes, especially those for nurses (whether registered or otherwise). This will require exploration and identification of the most appropriate methods of assessing personal attributes	Oct 13	Head of Employ Services	Draft competency based JD and Person Spec produced. Example competency based interview questions

		that form the basis of compassion, care, commitment as part of the recruitment and selection of staff			developed to commence use in Sep 13 Finalising positive indicator matrices so that managers have measures against values in JD's. Board approval of Values will enable further momentum to be gained in rolling out values in JD's for all staff groups. First draft of nursing indicators already created and will be shared with Head of Nursing for review and feedback. This model has already been tested to successful outcome for Consultant recruitment and admin & clerical recruitment.
		Ensure this is a leadership and/or behavioural requirement (including the Shared Purposes framework) for appraisal and PDP of all staff (including support workers), and especially nurses (whether registered or otherwise).	Apr 14 (note date change from Nov 13)	Head of BP & L&D	Included as part of Delivering Performance Policy review though changes to AfC contract have made this more difficult
		Ensure these requirements are embedded in all our internal and external communications which must also	Sep 13	Dir Comms	On-going. Duty of openness

		recognise difficult as well as favourable situations.			and candour also included in the Risk Management Strategy. We fulfil the duty by ensuring that our internal and external communications are transparent. For example the Outpatient Services Consultation includes a question and answer section with questions from the public and staff. The web site includes the full business case and we are holding 11 public meetings
		Ensure contractors providing outsourced services abide by these Core Values and the NHS Constitution.	Nov 13	Dir of Strat Dev & Cap Plan	Following statement to be included in all future standard specifications "The contractor confirms that it will deliver the service in line with EKHUNHSFT Values and the NHS Constitution"
		Invite five staff to each public BoD	Sep 13	Chair	Commenced at Oct BoD

2.5. & 198.*+	Organisational culture where patient is priority. A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system.	Determine and implement the tool (consider existing processes or systems already in place e.g. patient and staff surveys, and patient safety cultural tool) at relevant intervals. Within this have a specific element measuring the cultural health of nursing and other staff groups.	Complete	Head of HR/DD Nursing	National Staff survey + 6 monthly internal staff survey. MPSF, BCG, F&FT and "We Care"
		All Communications (Trust News, Team Brief, Posters, Hospital Life, Intranet) emphasis how all staff (and especially A&C staff) contribute to patient care. That patient care is our priority and that we listen to staff and facilitate the implementation of their ideas (specific examples). This must be emphasised in all Divisional Correspondence and acted upon.	Complete	Dir Comms/Div Dirs	On-going
		ET programme of promoted individual weekly visits to cover all wards/dept every year in order to listen and explain BoD decisions.	Complete	Trust Sec/Dir Comms	Programme agreed Jul 13 and initiated Sep 13
		ET programme of promoted individual fortnightly attendance at ward/dept/div meetings in order to listen and explain BoD decisions	Complete	Trust Sec/Dir Comms	Comms have continued to provide the Exec Team with the list of Divisional meetings.
		Publicised ET programme of promoted individual "meet the directors" in order to listen and explain BoD decisions	Complete	EDs/Dir Comms	Programme agreed Jul 13 and initiated Sep 13
		Rolling programme of written thank you to all wards/departments when opportunity arises (using feedback from PET, patient opinion and compliments as well as other sources)	Complete	Trust Sec	Programme agreed Jul 13 and initiated Sep 13. Comms have continued to provide the Exec Team with the list of Divisional meetings.
		Ensure good attendance at site based promoted CE forums in order to listen and explain BoD decisions	Complete	Div Dirs/Dir Comms	Rolling programme with good attendance
		Communicate to all managers the promoted expectation	Complete	Dir HR/Dir	Specific re-

		that all staff will have a monthly team meeting that commences with a team brief session. This is part of a promoted process to ensure managers and supervisors involve and share information with staff at all levels.		Comms	launch of Team Brief in Sep led by CE
		Reformat CE Forum into "In my Shoes" events in order to listen and explain BoD decisions.	Complete	Dir Comms	New format for CE Forum initiated in May 13. "In my shoe events" to commence by Feb 14. And on-going
		Promote Raising Concerns Policy	Complete	Dir Comms	On-going Included in Team Brief and CQC visit booklet
		Feedback to Divisions their staff survey engagement results, work on specific issues and ensure information shared with all staff.	Apr 13	HR BPs	Feedback complete and work around issues being rolled out
3	Clarity of Values and Principles. The NHS Constitution first reference point for NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of patients.	Communicate regularly the content of the NHS Constitution to all staff.	Complete	Dir Comms	On-going. Added to Brand work around "We Care" in Nov 13
		Ensure that the organisational values are congruent and linked to the NHS Constitution (links to 2.2 1 st element).	Complete	Trust Sec	Part of "We Care"
		Embed an understanding of how the NHS Constitution should affect staff behaviour in all internal leadership and customer care training (links to 2.2 2 nd element)	Complete	Head of BP &L&D. Chief Nurse for Clinical Leadership Training and Head of PET for PET training	Training amended to relevant newly developed "We Care" values which are congruent with and support those values included in the NHS Constitution

		Communicate to staff and public what we do about equal opportunities in the Trust and say this is in response to staff saying we don't do enough in this area	Complete	Dir Comms	Annual BoD reports, comms with VCOs and staff support groups. LGBT History Month Discussion event (02/2014)
		Ensure that all internal leadership training is congruent with any nationally developed courses	As appropriate	Head of BP & L&D	L&D undertook a review and internal courses are congruent with those provided by the national leadership academy
		Publicise security action plan and link to Staff Survey Results	Complete	Dir HR	On-going
		Publicise what is being done in terms of "Take 5", H&S audits and assessments, especially around stress and link this to Staff Survey Results	Complete	OH Nurse Con	On-going. Specific conference on the issue delivered at WHH on 31 Oct 13
		Have a comprehensive "Improving Working Lives" month that precedes and coincides with staff survey distribution	Sep/Oct annually	Head HR	Will be re-badged as "We Care" market place in Sep Marketplace was run in September 2013 and will run annually moving forward
12.+	Reporting of Incidents & Concerns	Continue to encourage staff to report all incidents and concerns and continue to carry out "In Our Shoes" sessions for staff.	Complete	Chief Nurse & Med Dir	On-going. BoD reports show improved incident reporting
86.+	Requirement of training of directors. A requirement should be imposed on FTs to	Annual appraisal which includes 360 feedback and PDPs developed for all directors	Nov 13	Head HR/Chair/CE	Proposal will go to Rem Comm from Head of HR, CE and Chair

	have an adequate programme for the training and continued development of directors.				
163.*+	Staff numbers	Comply with all regulations	Complete	Med Dir and Dir of HR & CS	Ward Establishment reviews reported to BoD and Business Case presented to Sep CPMT
185.	See 2.2	Monthly Staff Trust Awards explicitly given around care, compassion and selflessness criteria	Complete	Dir Comms	Award being adapted to meet these needs to commence Feb 14
		All Annual Trust Awards explicitly use care, compassion and selflessness as the criteria	Complete	Dir Comms	Implemented at Oct 13 Awards
		In all internal communications continually promote staff who make things better for the patient	Complete	Dir Comms	On-going
194.+ (see 2.2 above))	Annual Learning Portfolio	Work with colleagues in nursing to develop a learning portfolios approach to provide evidence of required behaviours and appropriate professional/clinical skills registration requirements (this action has been amended (04 Jul 13)) NMC to review / revise its Code of Conduct to ensure they would be compatible with revalidation which is affordable and value for money.	Apr 14	Head of BP & L&D	To be part of revised Delivering Performance Policy
195.+	Nursing Leadership at ward level	Explore the feasibility of ward managers/leaders becoming wholly supervisory within the nursing establishment and ensuring that there is clarity of purpose within the role description	Complete	Chief Nurse	Work on this commenced and business case to deliver been through Sep CPMT

		Ensure that on a rolling programme that all ward-based managers/clinical leaders engage with clinical leadership development programme and are able to demonstrate effective leadership & facilitate effective team development	Complete	Chief Nurse	Clinical leadership programme
196.+ (see 2.2 above)	The KSF should be reviewed to give explicit recognition to nurses' demonstrations of commitment to patient care and, in particular, to the priority to be accorded to dignity and respect, and their acquisition of leadership skills.	Ensure the internal use of the existing KSF requires all nurses to explicitly demonstrate their skills and knowledge in commitment to patient care, dignity, respect and leadership. This will be done by mapping the Patient Centred Framework to the KSF (AD Nur [Workforce] and included in the Delivering Performance Review (Head of BP & L&D	Nov 13	Head of BP & L&D/AD Nur (work)	To be part of revised Delivering Performance Policy to be agreed by Apr 14
		Re-emphasise the need for all staff (particularly A&C) to have effective PDPs which are implemented, especially in Strat Dev and Capital Planning, CSS & Surgery.	On-going	EDs/Div Dirs/HR BPs	On-going and raised in EPRs around appraisal rates and delivery of Divisional Training Plans
		Competency model to be developed for appraisal and recruitment (latter including changes to NHS Employment Check requirements) which includes 360 feedback	Apr 14	Head BP & L&D/Head Emp Services	Draft approach determined for JD, Person Spec and competency interviews Model used to a successful outcome for Consultant recruitment and tested for recruitment to some admin & clerical posts. Extension to use across other staff groups expected to commence before end of March 14.

		Assess how successful our recruitment decisions are and amend the process as necessary	Sep 13	Head Emp Services	A review of completion of f probationary period for new starters since Sept 2013 shows successful completion.
197. +	Training and continuing professional development for nurses should include leadership training at every level from student to director	Implement a nurse leadership package from Band 5 to Director (by either adopting a nationally available resource or developing a local programme).	Apr 14	Chief Nurse, Head of BP & L&D/AD (to support) Nur (work)	Currently in place for Ward Managers, clinical leaders, Matrons and senior Matrons.
		Identify those posts which require leadership training and succession planning and mandate job incumbents attendance (requires BoD support that this training takes priority over operational issues).	Apr 14 (date changed from Nov 13)	Head of BP & LD (with ET input)	Succession planning tools being developed and implemented
		Review appraisal process to improve quality of appraisals (Changed from "Initiate workshops with managers and staff to determine why the quality of appraisal are poor"	Jun 13	Head of BP & LD	Review complete and quality of appraisals is a BSC metric
		Mandate appraisal training for all managers/supervisors.	Jun 13	Head of BP & LD	Requirement in place, but more work initiated to get line manager commitment
		All senior managers have an objective to ensure high	Jun 13	Head of BP &	Included as part of appraisal for

		quality and timely appraisals are undertaken.		LD (on behalf of ET)	all AfC and ED staff. Though going forward will need more clarity
		Provide coaching (within available resources) to all staff with this need identified in PDPs and ensure it is part of the succession planning process	Apr 14	Head of BP & LD	Coaching strategy being developed by Jan 14 for Band 5 to 8 with roll out by Apr 14
237.*+	Teamwork	Role out Aston Team Working in estates, surgery, rad, path & pharmacy ensuring all staff are included, but especially A&C, HCA and Sc & Tech. staff. Ensure staff know that this is in response to staff survey.	Sep 13	EDs, Div Dirs & HRBPs	Plan in place
		Ensure clear objectives are articulated to all teams and individuals	Sep 13	EDs, Div Dirs & HRBPs	Part of appraisal and Aston process
		Continue to develop frailty model of care for older people with effective MDT working	Complete	Chief Nurse & Med dir	Frailty wars in place
		Ensure adherence to the fundamental standards for care for older people with special attention to those that are frail, vulnerable, & those that have deteriorating mental capacity	Complete	Chief Nurse & Med Dir	Implemented via work around mental capacity act and adult safeguarding (latter reported annually to IAGC)